

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 1 0 0 8

2. STATE:

Arizona

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

August 1, 2001

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

1902(a)(10)(A)(ii)(XV) of the Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2000/2001 \$ 0.

b. FFY 2001/2002 \$ 0.

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2A

page 23b

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):

Attachment 2.2-A

page 23b

10. SUBJECT OF AMENDMENT:

Elimination of income test for individuals age  
18-20 in foster care under the state.

11. GOVERNOR'S REVIEW (*Check One*):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*Lynn Dunton*

13. TYPED NAME:

Lynn Dunton

14. TITLE:

Assistant Director

15. DATE SUBMITTED:

June 15, 2001

16. RETURN TO:

AHCCCS

801 East Jefferson

MD 4200

phoenix, Arizona 85034

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

June 18, 2001

18. DATE APPROVED:

*7/14/01*

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

August 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

*Associate Regional Administrator*

21. TYPED NAME:

Linda Minamoto

22. TITLE: Associate Regional Administrator  
Division of Medicaid

23. REMARKS:

State: ARIZONA

## Citation

## Groups Covered

1902(a)(10)(A)(ii)(XV) of  
the Act

20. Individuals age 18-20 who were under the jurisdiction of the Arizona Department of Economic Security/Division of Children, Youth and Families/Administration for Children, Youth and Families (DES/DCYF/ACYF) on the individual's 18th birthday. "Under the jurisdiction" means that the individual was adjudicated dependent by the Juvenile Court or was under a voluntary agreement. The fact that the individual was residing in a foster care setting on the individual's 18th birthday does not necessarily indicate that the individual was under the jurisdiction of the DES/DCYF/ACYF.

Eligible individuals could have been Title IVE or non-IVE eligible. Medicaid coverage for these individuals may be applied for at any time prior to age 21.

No resource or income test is required.